



Expert Solutions. Exceptional Service.

VBA #356

## Triangle Tech, Inc.

\$Zero Exam / \$Zero Materials Copay

### FREQUENCY OF SERVICE:

DEPENDENT AGE: 26

	Employee	Spouse	Children (to age 19)
Vision Exam	24 Months	24 Months	12 Months
Lenses	24 Months	24 Months	12 Months
Frames	24 Months	24 Months	24 Months

### BENEFITS: Employee can select either:

	VBA Participating Provider Amount Covered/Benefit (Zero Copayment)	Non-Participating Provider Amount Reimbursed (Zero Copayment)
<b>Vision Exam</b> (Glasses or Contacts)	100%	\$35
<b>Clear Standard Lenses</b> (Pair):		
Single Vision	100%	\$30
Bifocal	100%	\$40
Blended Bifocal	100%	\$40
Trifocal	100%	\$60
Progressives <sup>D</sup>	Controlled Cost	\$60
Lenticular	100%	\$80
Polycarbonate <sup>C</sup>	100%	N/A
Scratch Coat-1 Yr	100%	N/A
<b>Frame<sup>B</sup></b>	100%	\$45
<b>Elective Contacts</b> (in lieu of eyeglass benefits)		
Material Allowance	\$75	\$75
Fitting Fee	15% off	N/A
<b>Medically Required Contacts</b>	UCR <sup>A</sup>	\$250

A Usual, Customary, and Reasonable as determined by VBA.

B Within the program's \$50 wholesale allowance (approximately \$125 to \$150 retail).

C Available In-Network at no charge for children under age 19.

D Progressive lenses typically retail from \$150 to \$400, depending on lens options. VBA's controlled costs generally range from \$45 to \$175.

## LIMITATIONS

Vision Benefits of America is designed to cover visual needs rather than cosmetic materials, and consequently includes some limitations in order to control costs. The following options or services will generally result in additional charges to the patient or are not covered under the plan.

### ADDITIONAL CHARGES

A patient selecting any of the following items will be responsible for the additional charges, all of which are monitored and controlled by VBA.

- Tinted Lenses
- Photochromic/Polarized Lenses
- Polycarbonate (covered under age 19)
- Hi-Index Lenses
- Progressive (Available starting at \$45)
- The coating of the lens or lenses (Except 1-Yr Scratch Protection)
- A frame that costs more than the plan allowance
- Rimless Frames
- Anti-Reflective/Backside UV/Optifog

Additionally, costs for contact lenses/services in excess of the plan's scheduled reimbursement allowances are the responsibility of the patient.

### NOT COVERED

The contract gives VBA the right to waive any of the plan limitations if, in the opinion of our optometric consultants, it is necessary for the patient's welfare. VBA provides no benefit for professional services or materials connected with the following:

- Orthoptics or vision training
- Non-prescription lenses
- Two pair of glasses in lieu of bifocals
- Medical or surgical treatment of the eyes
- Any eye examination, or corrective eyewear, required by an employer as a condition of employment
- Services or materials provided as a result of any Worker's Compensation Law or similar legislation
- Glasses and contacts during the same eligibility period

Lenses and frames furnished under this program which are lost or broken will not be replaced except at the normal intervals when services are otherwise available.



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Dear Valued Employee:

In order that we might assist you in using your VBA Vision Benefits, we've compiled the following most frequently asked questions and answers. It is our hope that this will provide you with a better understanding of how the program works and what you must do to receive the maximum benefit.

**1. What is the benefit of using a VBA Participating Provider?**

Every VBA Participating Provider location must have either a licensed practicing Doctor of Optometry or Ophthalmology associated with it. Each has agreed to accept VBA's fee as full payment for their services and adhere to VBA's comprehensive examination standards. Additionally, all lenses will be fabricated at one of VBA's Approved Optical Labs, where both the cost and the quality are strictly controlled.

**2. Who are the VBA Participating Providers in my area?**

VBA represents one of the most comprehensive networks of Optometrists, Ophthalmologists and well known Retail Optical Stores in the nation. You can search for providers by visiting our website at [VBAPPlans.com](http://VBAPPlans.com).

**3. Do I have to request a benefit form before making my eye appointment?**

No. You do not have to request a paper benefit form when you visit a VBA Participating Provider. You would simply have to make an appointment and inform them that you have VBA as your vision insurance provider. If you are eligible for your VBA benefits at that time the VBA Provider will process services received electronically.

**4. When is the best time to call VBA's Member Services Department?**

If you need to speak with a VBA Member Services Representative they can be reached by calling **1-800-432-4966 option 5**, Monday through Friday, 8:30 A.M. to 6:00 P.M. EST. You may experience longer waiting times in the morning hours. Generally, later in the day and later in the week is better.

**5. Will there be any extra charges if I use a VBA Provider?**

Your plan will provide a complete vision exam, clear lenses and a quality frame at no out-of-pocket cost to you. Also, VBA provides Polycarbonate Lenses for children under age 19 and 1 Year Scratch Protection for all ages, when spectacle lenses are obtained through a VBA Participating Provider. However, should you select optional items, such as tinted lenses, photograys or progressive no-line bifocals, there will be additional charges that you will be responsible for. Additionally, frames whose acquisition cost exceeds the plan's wholesale frame allowance (approximately \$125 to \$150 retail value) will also result in extra charges. Even though these optional items aren't covered under the plan, the amounts you will be charged are strictly controlled by VBA and are considered fair and reasonable. Ask the VBA Provider if the items you select would result in any additional charges.

**6. What kind of frames are covered under the plan?**

Any frame with a wholesale acquisition cost that is less than your plan's allowance is fully covered. A frame such as this would typically retail in the \$125 to \$150 range. If you select a frame that has a wholesale cost in excess of what the plan allows, you will be charged a controlled fee by the provider. The provider does not have to disclose the actual wholesale cost to you, but he must disclose the exact amount of the additional charges, if any, for the frame you select.

**7. How long will it take to receive my glasses?**

Generally, your glasses will be back from the VBA Laboratory within two weeks (VBA allows 10 working days). If, however, the frame you selected is out of stock from the manufacturer, or if you have requested an anti-reflective coating or progressive bifocals, it may take slightly longer.

**8. What guarantee do I have that my glasses will be made right?**

VBA guarantees every pair of glasses 100%. If your prescription is not totally accurate, or if the VBA Lab did not produce the lenses in exact accordance with your prescription, VBA will make it right at no additional cost to you.

**9. If my glasses are broken or lost, can they be replaced?**

No. Unless you are eligible for the benefit at that time, there are no provisions for lost or broken glasses. Some providers may offer this protection at an additional cost to you if you ask.

**10. What should I do if I wish to get contacts instead of glasses?**

You should proceed in the same manner as if you were going to get glasses. We would advise, however, that you shop around for both a provider and a price that you are comfortable with, since the cost of contacts is not controlled by VBA. You will simply be reimbursed up to \$75 toward the total retail cost of the contact lenses

VBA will accept a maximum of two (2) submissions per covered member for the benefit period up to the \$75 benefit limit. This contact lens/services reimbursement is in lieu of all other benefits (exam/spectacle lenses/frames) for the benefit period.

**11. What if I use a provider that does not participate with VBA?**

Under the plan, you may use any provider you wish. Make an appointment and receive the necessary services from the provider. Then, after you have received your exam and/or materials, simply attach your itemized receipts (exam cost, frame cost and the type and cost of lenses) to an out-of-network reimbursement form, which can be printed from our website at VBAPLANS.com. Mail your itemized receipts and out-of-network reimbursement form to VBA. Reimbursements are made biweekly and are in the amounts printed in your VBA Benefits Brochure.

NOTE: If any problems arise with your glasses or contacts due to an inaccurate prescription written by a Non-Participating Doctor, neither VBA nor the Participating Provider assume any responsibility.

**12. Does my benefit include any accommodation for laser vision correction?**

YES. All VBA covered subscribers are eligible to receive a significant discount at hundreds of provider locations nationwide. For more information regarding this benefit, please call VBA's Member Services at 1-800-432-4966/option 5.

IF YOU HAVE ANY FURTHER QUESTIONS ON THESE OR ANY OTHER ASPECTS OF YOUR VISION BENEFIT, WE ASK THAT YOU CONTACT THE BENEFITS OFFICE OR CALL VBADIRECTLY AT 1-800-432-4966 OR VISIT OUR WEBSITE AT VBAPLANS.COM THANK YOU.